

Superior Court of Arizona
Maricopa County
Juvenile Cover Sheet

Check one:
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Dependency
Termination of Parental Rights
Adoption

Case Number (Clerk will stamp case # when documents are filed).

ATLAS number(s): _____
 (if applicable)

Instructions:

- Provide the following information requested about each party.
- Type or print neatly in black ink.
- If more room is needed, please attach a separate page.

Information about the Petitioner:

Name: _____ Business phone: () _____
 Address: _____ Cell phone/pager: () _____
 City, State, Zip: _____ Title (if applicable): _____
 Home phone: () _____ E-mail address: _____
 Attorney name/Bar number: _____ Relationship to child(ren): _____

Information about the Children:**Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:**

Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____

Information about Mother of Child(ren):

Name: _____
 Address: _____
 City, State, Zip: _____
 Home phone #: () _____
 Work phone number: () _____
 Cell phone/pager: () _____
 Date of Birth: _____
 Social Security #: _____
 E-mail address: _____

Information about Father of Child(ren)*:

Name: _____
 Address: _____
 City, State, Zip: _____
 Home phone #: () _____
 Work phone number: () _____
 Cell phone/pager: () _____
 Date of Birth: _____
 Social Security #: _____
 E-mail address: _____
 Names of children: _____

Case No. _____

(* If there is more than one father, please list additional fathers on page three (3). Also please specify, if there are multiple fathers, which fathers are connected with which children.)

Please list ANY siblings of the children listed above who are NOT involved in this case:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names, Date of Birth and Social Security Numbers for ANY adult, over the age of 18, who is living in the same home as any of the children listed above:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? [] Yes [] No. If yes, please describe, and provide case numbers if known: _____

Domestic Violence Section

Has anyone mentioned on this cover sheet been the victim of any family or domestic violence?

☐ Yes ☐ No. If yes, please identify: _____

Has anyone mentioned on this cover sheet been the plaintiff, defendant, or named on an Order of Protection? ☐ Yes ☐ No.

If yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If no, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named on this cover sheet in any physical danger due to abuse or neglect?

☐ Yes ☐ No.

Has anyone named on this sheet had any involvement with AZ Child Protective Services? ☐ Yes ☐ No.

If yes, please provide CPS or Juvenile Court case #: _____

Name, phone, and site code of case manager: _____

Are any of the children listed on this cover sheet eligible for Tribal enrollment?

☐ Yes ☐ No. If yes, please indicate which Tribe/Nation: _____

Are any of the parents listed on this cover sheet Native Americans? ☐ Yes ☐ No.

Tribal information/ contact: _____

LOCATION: (Check the Superior Court location where you are filing these documents)

- ☐ Mesa – Juvenile Court (1810 S. Lewis St.)
☐ Durango – Juvenile Court (3131 W. Durango St.)

INTERPRETER: Is an interpreter needed for any of the parties? If so, please check the appropriate box below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS FOR INTERNAL PURPOSES ONLY.**

An interpreter is needed for: ☐ Petitioner ☐ Mother ☐ Father
(if more than one father, indicate which father needs an interpreter):

_____.

Language: ☐ Spanish ☐ Other: Please specify: _____.

**Information about Additional Father of Child(ren)
(If applicable)**

Name: _____
Address: _____
City, State, Zip: _____
Home phone #: () _____
Work phone number: () _____
Cell phone/pager: () _____
Date of Birth: _____
Social Security #: _____
E-mail address: _____
Name(s) of child(ren): _____

**Information about Additional Father of Child(ren)
(If applicable)**

Name: _____
Address: _____
City, State, Zip: _____
Home phone #: () _____
Work phone number: () _____
Cell phone/pager: () _____
Date of Birth: _____
Social Security #: _____
E-mail address: _____
Name(s) of child(ren): _____
